

Customer No. 37543

Attorney Docket No. 59836-140

APPLICATION DATA SHEET

10/571602  
APZUREG-CFOT-10 09 MAR 2006

APPLICATION INFORMATION

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of Copies of CRF::	
Title::	AN ARTIFICIAL NEURAL NETWORK
Attorney Docket Number::	59836-140
Request For Early Publication?::	
Request For Non-Publication?::	
Suggested Drawing Figure::	
Total Drawings Sheets::	12
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

## APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Italy
Status::	Full Capacity
Given Name::	Paolo
Family Name::	Buscema
Name Suffix::	
City of Residence::	Rome
State or Province of Residence::	
Country of Residence::	Italy
Street of Mailing Address::	v. N. Coviello 47
City of Mailing Address::	Rome
State or Province of Mailing Address::	
Postal or Zip Code of Mailing Address::	I-00163

Applicant Authority Type::	
Primary Citizenship Country::	
Status::	
Given Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of Mailing Address::	
Postal or Zip Code of Mailing Address::	

## CORRESPONDENCE INFORMATION

Correspondence Customer Number::	35743
Phone Number::	212-715-9100
Fax Number::	212-715-8000

## REPRESENTATIVE INFORMATION

Representative Customer Number::	35743
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## DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2004/051891	08/24/04

## FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::
EP	03425582.8	09/09/03	Yes

### ASSIGNEE INFORMATION

Assignee Name::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of Mailing Address::	
Postal or Zip Code of Mailing Address::	